

October 12, 2004

David Martinez  
TWCC Medical Dispute Resolution  
MS-48  
7551 Metro Center Drive, Suite 100  
Austin, TX 78744-1609

MDR Tracking #: M2-05-0076-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Osteopathy who is board certified in anesthesiology and specialized in chronic pain management. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### RECORDS REVIEWED

Presented for review were the disputed services, 2004 correspondence, 2004 EMG reports, 2004 office notes, 2003 RME and 2004 physician advisory reports.

#### CLINICAL HISTORY

A work-related fall on \_\_\_ resulted in a back injury for \_\_\_. Eventually she went on to have two lumbar surgeries. Her lower back pain has continued in spite of medical management, and interventional procedure warrant the proposal for epiduroscopy and lysis of epidural adhesions.

#### REQUESTED SERVICE

Epiduroscopy with Lysis of epidural adhesions is requested for this patient.

#### DECISION

The reviewer disagrees with the prior adverse determination.

## BASIS FOR THE DECISION

Racz et al discussed epidural fibrosis as a moderator of chronic back pain, especially after back surgery. Over a decade ago, those studies at Texas Tech demonstrated the efficacy of epidural lysis of adhesions in treating epidural fibrosis/post laminectomy syndrome. It remains a cost effective treatment strategy for refractory back pain issues where epidural fibrosis is a mediator. \_\_\_'s correspondences of 05/14/04 speak to scar tissue in the lumbar region secondary to previous surgeries and recommends epidural L.O.A. This is a reasonable treatment in view of the patient's chronic pain issues with a history of two prior lumbar surgeries.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

## YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk

P.O. Box 17787

Austin, Texas 78744

Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 12th day of October, 2004.**